



## **OFFICE OF INFORMATION SERVICES**

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**DATE:** May 4, 2006

**TO:** All Medicare Advantage, Prescription Drug Plan, Cost, PACE, and Demonstration Organizations

**FROM:** Henry Chao,  
MA/Part D Implementation Manager /s/

**SUBJECT:** Enrollment System Updates for May 5, 2006

**The following changes are planned for May 5th, 2006 implementation.** Plans will begin seeing the impacts of these changes with the processing of enrollments for the June payment month received after May 5.

1. **MARx User Interface**
2. **Monthly Transaction Reply Report and Data File**
3. **Weekly Transaction Reply Report and Data File**
4. **Enrollment Transaction – System Edits**

### **1. MARx User Interface**

- Modifications were made to the Beneficiary Snapshot screen (M203), Beneficiary Detail Payment screen (M206) and Payment Adjustment Detail screen (M215) such that adjustments to Segments will now be displayed.
- Modifications were made to the Beneficiary Snapshot screen (M203) to reflect beneficiaries with enrollments that were cancelled due to a retroactive disenrollment. Prior to this change, Plans would receive reports indicating that the Beneficiary's enrollment was cancelled however in the User Interface, the Beneficiary enrollment would still appear to be active.

### **2. Monthly Transaction Reply Report and Data File**

The Monthly Transaction Reply Report and Data file will reflect the following changes:

- Auto disenrollments resulting from a retroactive transaction will appear on the current month's TRR. They were not reported to the Plans prior to this change.

- The Part D Premium will display as zero when calculated to be less than zero. This change will appear on a go-forward basis for new enrollments, or those that have had a change that would cause a recalculation of the Premium. Plans should treat negative premium amounts as zero.

### **3. Weekly Transaction Reply Report and Data File**

The Weekly Transaction Reply Report and Data file will reflect the following changes:

- The Segment ID will be defaulted to zeroes if no value was provided on the Plan transaction.
- The Part D Premium will display as zero when calculated to be less than zero. This change will appear on a go-forward basis for new enrollments, or those who have had a change that would cause a recalculation of their Premium. Plans should treat negative premium amounts as zero.
- TRR Field 22 - Transaction Date has been modified to reflect the transaction **processing** date for State/County changes (TRC085) and Date of Birth changes (TRC089). In a prior software release (announced to Plans in an email from the MMA Help Desk on 4/6) this change was made for other applicable TRCs.

### **4. Enrollment Transaction – System Edits**

- The editing for TRC008 – Beneficiary not found in MARx – has been modified to include all transaction types, not just disenrollments or corrections as described in the MARx Transaction Reply Codes documentation. Revised documentation will be forthcoming.
- Processing for maintenance transactions (transaction type 01) has been revised to prevent some TRC009 No Match rejections caused by the software incorrectly formatting the beneficiary date of birth for beneficiary match logic. Plans should review their 01 transactions with TRC009 rejects, verify the beneficiary information, (First Name, Last Name, Gender and DOB), and resubmit these transactions. Release 1.3.1 (implemented April 17) addressed this issue with disenrollments.
- Changes to a beneficiary's premium withholding option can be initiated by the plan at the beneficiary's request or by the premium withholding system (PWS) due to the inability of SSA to implement the withholding. Currently, transactions from both of these sources generate Transaction Replies with TRC 120 - Premium Withholding Option Change Accepted.
- With this software release, Plans will see a transaction reply with TRC 144 - Premium withhold option change from retirement system - for any premium withholding change initiated by PWS. These replies indicate that the beneficiary's withholding option is being changed to 'direct bill'.

- Edits on enrollment effective dates have been tightened for HCCP, Cost plans without drugs, MDHO, MSHO, WPP, PACE National and CCIP/FFS Demo Plans. These Plans may now see an increase in TRC037 – Enrollment Rejected, Invalid Date edits in the event that they send transactions that do not meet all of the documented criteria for that code. All other Plans have been subject to this strict editing.
- The application of the rules for enrollment in both a non-Part D plan and a PDP has been revised. Plans without drug coverage such as SHMO1, SHMO2, ESRD Demo, WPP, MSHO and MDHO will no longer allow a beneficiary to be concurrently enrolled in a PDP.
- The six types of non-Prescription-Drug Plans for which a beneficiary may have a dual enrollment with a PDP are:
  - HCCP non-drug (PBO 01)
  - Cost 1 without Drugs (PBO 02)
  - Cost 2 without Drugs (PBO 03)
  - ESRD1 Demo (PBO 12, Demo Type U)
  - PFFS MA-only (PBO 20)
  - CCIP / FFS Demo (PBO 25)
- A change was made to prevent beneficiaries from being enrolled in two plans, which had occurred when the PBP change transaction to move a Beneficiary from a cost plan with no drugs to a cost plan with drugs did not properly generate an auto-disenrollment for the first PBP.

Questions regarding these changes should be directed to the MMA Help Desk on (800) 927-8069 or e-mail [MMAHelp@cms.hhs.gov](mailto:MMAHelp@cms.hhs.gov).